



CITY OF BLOOMINGTON  
parks and recreation

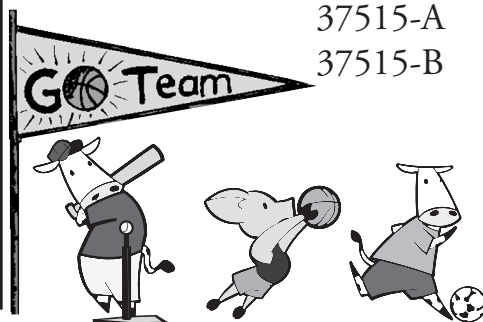
# SPORT SHORTIES

Week 1: Soccer skill building  
Week 2: Soccer games  
Week 3: Tee ball skill building  
Week 4: Tee ball games  
Week 5: Basketball skill building  
Week 6: Basketball games

- ♦ Focus on skill development and fun.
- ♦ Weeks are broken up into themes and exercises.
- ♦ Player's T-shirts are free. Please indicate size on registration form (YS 6-8, YM 10-12, YL 14-16).

## Fall Ball 2009 Registration

Sport Shorties athletes learn the basic skills of team sports in a fun and safe recreational atmosphere. Teams will be determined after the registration deadline. Parents will be notified of team placement and practice times by phone prior to the beginning of the season. Include special requests on registration form. Times TBD.



Code	Ages	Day(s)	Date(s)	Time
37515-A	3-4 yrs. w/parent	Sat.	9/12-10/17	TBA
37515-B	5-6 yrs. w/parent	Sat.	9/12-10/17	TBA

**\$40/in-city, \$50/non-city**  
**Register by: September 4.**

**Twin Lakes Recreation Center, (formerly SportsPlex), 1700 W. Bloomfield Rd.**

**For more information call 349-3746. Register online at [www.bloomington.in.gov/parks](http://www.bloomington.in.gov/parks).**

### PROGRAM REGISTRATION FORM

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(parent/guardian if participant is under 18 or under legal guardianship)

Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Emergency Contact \_\_\_\_\_

City of Bloomington Resident? Yes No  
(If you are unsure of your residency status, please call 349-3700)

How did you hear of this program? Program Guide Newspaper Flyer Friend E-mail Web site Previous Participant Other \_\_\_\_\_

Participant Name	M/F	Birthdate	Shirt Size	Program Name	Class Code	Fee

#### Inclusive Service Request:

Reasonable accommodations are needed to participate in above program(s) related to specific needs associated with a disability. (circle one) **YES NO**  
If **YES**, please complete an Inclusion Assessment and the Inclusive Recreation Coordinator will contact you. We request at least two weeks notification for reasonable accommodations requests. *In some cases reasonable accommodations may take longer.*

The undersigned is the adult Program Participant, or is the parent or legal guardian of the Program Participant. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the Program Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Program Participant sustains an injury in the course of the program, and the City of Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the City of Bloomington Parks and Recreation Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Undersigned now releases the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Signature (parent/guardian if participant is under 18 or under legal guardianship) \_\_\_\_\_

Date \_\_\_\_\_

Include Your Voluntary Donation  
☐ Youth Scholarship Fund \$1 \_\_\_\_\_  
☐ Bloomington Tree Fund \$3 \_\_\_\_\_  
☐ Bloomington Park and Recreation Foundation \$5 \_\_\_\_\_  
Other \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

#### Method of Payment:

☐ Cash (do not mail cash) ☐ Check/Money Order

Visa/Mastercard # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

(required if using credit card)

Make check or money order payable to:  
City of Bloomington Parks and Recreation

Mail registrations to:  
City of Bloomington Parks and Recreation  
401 N. Morton Street, Ste. 250, Bloomington IN 47404

# City of Bloomington Parks and Recreation Department

# SPORT SHORTIES

## *Fall Ball Registration*

Sport Shorties athletes learn the basic skills of soccer, tee ball, and basketball in a fun and safe recreational atmosphere.

**NEW  
LOCATION!**  
Twin Lakes  
Recreation  
Center

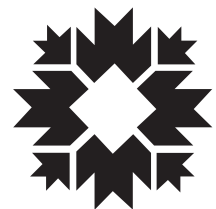
## September 12–October 17

**Register by September 4.**

**Visit us at [www.bloomington.in.gov/parks](http://www.bloomington.in.gov/parks).**

**P.O. Box 848  
Bloomington IN 47402**

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